

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number		10/551.004	
	Filing Date		April 12, 2007	
	First Named Inventor		Henning WALCZAK	
	Title	CD95-FC FUSION PROTEINS		
	Art Unit	1647		
	Examiner Name	LOCKARD, Jon McClelland		
Attorney Docket No.		76657-8004.US00		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
 OR  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
 

22918

 OR  
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.  
 OR  
☐ The address associated with Customer Number:
 
 OR

☐ Firm or Individual Name


Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.  
 OR  
☒ See 37 CFR 3.71. Assignee of an undivided interest in the entirety.  
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on 2/25/2010

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
	10/14/2011
Name	Telephone
Dr. Thomas Hoger	
Title and Company	CEO, Apogenix GmbH

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number		10/551,004	
	Filing Date		April 12, 2007	
	First Named Inventor		Henning WALCZAK	
	Title	CD95-FC FUSION PROTEINS		
	Art Unit	1647		
	Examiner Name	LOCKARD, Jon McClelland		
Attorney Docket No.		76657-8004.US00		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
 OR  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
 

22918

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:  
 OR  
☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.  
 OR  
☒ See 37 CFR 3.71, Assignee of an undivided interest in the entirety.  
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on 2/25/2010

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	Telephone
Title and Company	

Dr. Ruth Herzog

Head of Technology Transfer Office,  
Deutsches Krebsforschungszentrum Stiftung des Öffentlichen Rechts

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.